SC Department of Disabilities and Special Needs
Medication Error/ Event Report

☐ ***Community*** ☐ ***Regional Center***

Provider Reporting Incident: _____ ***County:*** _____

☐ **District I:** ☐ Midlands ☐ Piedmont ☐ **District II:** ☐ Coastal ☐ Pee Dee

Residence of Consumer:	***Descriptive Location of Residence:***
☐ *CRCF* ☐ *CTH I* ☐ *CTH II* ☐ *ICF* ☐ *SLP I* ☐ *SLP II* ☐ *Unit @ Regional Center*	*(Example: Smith CTH I, Pee Dee Center)* _____
Location of Incident: ☐ *CRCF* ☐ *Day Program* ☐ *CTH* ☐ *ICF* ☐ *SLP* ☐ *Unit @ Regional Center*	***Descriptive Location of Incident:*** *(Indicate unit name in Regional Center, provider operated facility name, i.e., Sunrise CTH II, enclave, work activity center* _____

Consumer: *First* _____ *Middle* _____ *Last* _____

DOB:	***Age:***	***Sex:***	***Date of Med Error:***	***Time of Med Error:***	***Date Error Found:***
/ / *MM DD YY*		☐ *Male* ☐ *Female*	/ /	: ☐*AM* ☐ *PM*	/ /

Name & Dose of Medications Involved:

What type of Med Error/ Event occurred: (Mark all that Apply)

☐ Wrong person given the medication
☐ Wrong medication given
☐ Wrong dosage given
☐ Wrong route of administration
☐ Wrong time
☐ Medication not given by staff
☐ Medication given without an order
☐ Transcription error
☐ Medication not signed off on properly
☐ Medication found
☐ "Near Miss" for a Med error
☐ Person refused medication (Record attempts/ methods)
☐ Unsafe circumstances

What was the result of the Med Error/ Event: ***(At the time the Report was completed)***	***Prescriber Notified:*** ☐ ***Yes*** ☐ ***No***
☐ No Error (Near Miss or Red Flag Event) ☐ Error, No Reaction ☐ Error, Reaction, No medical Rx required ☐ Error, Reaction, Medical Rx required ***** ☐ Error, Reaction, Death *****	When: _____ By Whom: _____ If no, explain: _____

Staff Suspected of Making the Error:

Events Leading to Med Error/ Event:

Name of Prescriber:	***Name of Pharmacy:***	***Signature of Person Making Out Report/ Date***

Signature of Supervising Nurse : ***Date:***	***Signature of Program Administrator :*** ***Date:***

*** *Requires the completion of Critical Incident Report per 100-09-DD.***